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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 103

Application Number **09/674,779**

Filing Date **January 3, 2001**

First Named Inventor **Ruelle**

Group Art Unit **1645**

Examiner Name **Baskar, P.**

Attorney Docket Number **BM45311**

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ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
PTO-1449 (modified)
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| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input checked="" type="checkbox"/> CD, Number of CD(s) <u>2</u> | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric A. Meade, Registration No. 42,876
Signature	
Date	January 21, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 01/21/2003

Typed or printed name	Eric A. Meade
Signature	
Date	January 21, 2003

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

Application Number	09/674,779
Filing Date	January 3, 2001
First Named Inventor	Ruelle
Examiner Name	Baskar, P.
Art Unit	1645
Attorney Docket No.	BM45311

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:Deposit Account Number
Deposit Account Name

50-0258

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 740	2001 370			Utility filing fee	
1002 330	2002 165			Design filing fee	
1003 510	2003 255			Plant filing fee	
1004 740	2004 370			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X = 0	= 0
			- 3** =	X = 0	= 0

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	2051	65	Surcharge - late filing fee or oath	
1052 50	2052 25	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130			Non-English specification	
1812 2,520	1812 2,520			For filing a request for ex parte reexamination	
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	
1251 110	2251 55	2251	55	Extension for reply within first month	110.00
1252 400	2252 200	2252	200	Extension for reply within second month	
1253 920	2253 460	2253	460	Extension for reply within third month	
1254 1,440	2254 720	2254	720	Extension for reply within fourth month	
1255 1,960	2255 980	2255	980	Extension for reply within fifth month	
1401 320	2401 160	2401	160	Notice of Appeal	
1402 320	2402 160	2402	160	Filing a brief in support of an appeal	
1403 280	2403 140	2403	140	Request for oral hearing	
1451 1,510	1451 1,510	1451	1,510	Petition to institute a public use proceeding	
1452 110	2452 55	2452	55	Petition to revive - unavoidable	
1453 1,280	2453 640	2453	640	Petition to revive - unintentional	
1501 1,280	2501 640	2501	640	Utility issue fee (or reissue)	
1502 460	2502 230	2502	230	Design issue fee	
1503 620	2503 310	2503	310	Plant issue fee	
1460 130	1460 130	1460	130	Petitions to the Commissioner	
1807 50	1807 50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	1806	180	Submission of Information Disclosure Stmt	
8021 40	8021 40	8021	40	Recording each patent assignment per property (times number of properties)	
1809 740	2809 370	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 740	2810 370	2810	370	For each additional invention to be examined (37 CFR 1.129(b))	
1801 740	2801 370	2801	370	Request for Continued Examination (RCE)	
1802 900	1802 900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Eric A. Meade	Registration No. (Attorney/Agent)	42,876	Telephone	(609) 620-3248
Signature	<i>E. A. Meade</i>			Date	January 21, 2003

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